

For District Use Only:

Location # _____

Account # _____

LA HABRA HEIGHTS COUNTY WATER DISTRICT

APPLICATION FOR WATER SERVICE

1271 N. Hacienda Road, La Habra Heights, CA 90631

Office (562) 697-6769

Email: Customercare@lhwcwd.com

☐ New Applicant ☐ Name Change ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Company Name: _____

Service Address: _____ Email: _____

Check if you would like your monthly bill: Mailed ☐ E-mailed ☐ or both ☐

Home Phone: _____ Cell: _____

Billing Address: _____

Street Address

City

State

Zip

Driver's License No. _____ Co-Applicant Name: _____

☐ Owner ☐ Tenant –Landlord's Name: _____ Start Service: _____

The undersigned applicant hereby requests La Habra Heights County Water District to connect the water distributing system to the above-mentioned premises and to deliver water thereto in accordance with the rates, rules and regulations of the District.

A copy of the Rates, Rules and Regulations are available upon request.

******* NOTE: Water delivered by the District to your home may contain fluoride and chloramines, for more information see pamphlets in reception area or website*******

This contract shall at all times be subject to changes or modifications by the Board of Directors of La Habra Heights County Water District as said Board may from time to time direct in the exercise of its jurisdiction.

The undersigned hereby guarantees prompt payment of all bills due or to become due for service furnished in accordance with the above application. A schedule of rates and fees effective July 1, 2025, has been presented to me.

La Habra Heights County Water District Residential Cross Connection Hazard Assessment Survey

- La Habra Heights County Water District is required by the State of California to inspect all service connections to the District's public water supply for back flow prevention purposes. This survey allows residents to self - inspect their properties and report that inspection to the District. Completing and returning this form at the time of a new sign up is required to receive water from the District and may help prevent accidental contamination of our drinking water system.

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Please circle Yes or No for the answer that best describes the water system on your property. For all Yes answers, specify whether the device is protected with a backflow preventer.

1. Do you have a well or water system other than the potable water provided by the District on your property?

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

2. Do you heat your home with a hot water or steam boiler? (not a water heater)

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

3. Do you have a photographic lab or facilities using chemicals?

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

4. Do you have pumps which are hooked directly to the plumbing? (decorative fountain, etc.)

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

5. Do you have automatic livestock waterers or tank fillers?

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

6. Do you have a lawn sprinkler system?

Yes - ☐ Protected with a testable Backflow Protector

Yes - Not Protected

No

7. If you answered Yes to question #6, does the sprinkler system feed chemicals?

Yes - ☐ Protected with a testable Backflow Protector

No

8. Do you have a swimming pool or hot tub?

Yes - It is filled with a hose which is protected with a Hose Bib Vacuum Breaker backflow preventer.

Yes - It is filled with a hose but is NOT protected with a Hose Bib Vacuum Breaker.

Yes - It is filled with a direct water line which is protected with a testable Backflow Preventer.

Yes - It is filled with a direct water line but is NOT protected with a testable Backflow Preventer.

No

9. Do you have a water softener?

Yes - The discharge line is above the floor to produce an air gap.

Yes - The discharge line is NOT above the floor (there is no air gap).

No

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10. Do you have a home water treatment system (reverse osmosis/water purifier)?

Yes - ☐ Protected with a testable Backflow Protector or Air gap

Yes - Not Protected

No

To my knowledge, these answers are accurate.

Print Full Name

Customer's Signature

Date

(Please return signed application by fax, email or mail)

For District Use Only: ☐ Entered in UMS ☐ Service order ☐ Pressure Pump List

Order Taken By: _____ Date _____ Time: _____

For Internal Use Only:

Application reviewed by a certified cross connection control specialist: YES NO

Determination of Hazard. Circle one:

Low (no backflow prevention required at this time)

Medium (backflow prevention assembly may be required, upon further investigation)

High (backflow assembly required) Type of assembly Required _____

Unknown (Field Assessment Required)

Name of Certified Cross Connection Control Specialist (print) _____

Certification Number _____

Signature _____

Certified Cross Connection Control Specialist

Date Reviewed _____